

**LEVEL I
SELF-SURVEY**

| Level I (Well Nursery) Requirements | Facility | | Comments |
|--|----------|------------|---|
| | Met | Not Met | |
| 133.185 Program Requirements | | | |
| (a) Designated facilities shall have a family centered philosophy. Parents shall have reasonable access to their infants at all times and be encouraged to participate in the care of their infants. The facility environment for perinatal care shall meet the physiologic and psychosocial needs of the mothers, infants, and families. | | | |
| (b) Program Plan. The facility shall develop a written plan of the neonatal program that includes a detailed description of the scope of services available to all maternal and neonatal patients, defines the neonatal patient population evaluated and/or treated, transferred, or transported by the facility, that is consistent with accepted professional standards of practice for neonatal and maternal care, and ensures the health and safety of patients. | | | Attach copy of written program plan. (Please indicate document attachment # below) |
| (1) The written plan and the program policies and procedures shall be reviewed and approved by the facility's governing body. The governing body shall ensure that the requirements of this section are implemented and enforced. | | | |
| (2) The written neonatal program plan shall include, at a minimum: | N/A | N/A | |
| (A) standards of neonatal practice that the program policies and procedures are based upon that are adopted, implemented and enforced for the neonatal services it provides; | | | |

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| (B) a periodic review and revision schedule for all neonatal care policies and procedures; | | | |
| (C) written triage, stabilization and transfer guidelines for neonates and/or pregnant/postpartum women that include consultation and transport services; | | | Attach policy/procedure/guidelines/plan for neonatal transfers. (Please indicate document attachment # below) |
| (D) ensure appropriate follow up for all neonates/infants; | | | Describe when, what and how follow-up is being provided or provide policy. (Please indicate document attachment # below) |
| (E) provisions for disaster response to include evacuation of mothers and infants to appropriate levels of care; | | | |
| (F) a QAPI Program as described in §133.41(r) of this title (relating to Hospital Functions and Services). The facility shall demonstrate that the neonatal program evaluates the provision of neonatal care on an ongoing basis, identify opportunities for improvement, develop and implement improvement plans, and evaluate the implementation until a resolution is achieved. The neonatal program shall measure, analyze, and track quality indicators or other aspects of performance that the facility adopts or develops that reflect processes of care and is outcome based. Evidence shall support that aggregate patient data is continuously reviewed for trends and data is submitted to the department as requested; | | | Attach QAPI plan/policy along with minutes/documentation of 2 most recent QAPI meetings. Include cases and data reviewed. (Please indicate document attachment # below) |

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| (G) requirements for minimal credentials for all staff participating in the care of neonatal patients; | | | Provide job descriptions for all personnel providing neonatal care (nursing, respiratory therapy, aides/technicians, etc.). (Please indicate document attachment #) |
| (H) provisions for providing continuing staff education; including annual competency and skills assessment that is appropriate for the patient population served; | | | Provide policy along with copy of annual competency and skill assessment forms. (Please indicate document attachment # below) |
| (I) a perinatal staff registered nurse as a representative on the nurse staffing committee under §133.41(o)(2)(F) of this title; | | | Provide minutes with documented attendance for 2 most recent quarters. (Please indicate document attachment # below) |
| (J) the availability of all necessary equipment and services to provide the appropriate level of care and support of the patient population served; and | | | (Please indicate document attachment # below for optional comments) |
| (K) the availability of personnel with knowledge and skills in breastfeeding. | | | See 133.186 (c) (9). |
| (c) Medical Staff. The facility shall have an organized, effective neonatal program that is recognized by the medical staff and approved by the facility's governing body. The credentialing of the medical staff shall include a process for the delineation of privileges for neonatal care. | | | |
| (d) Medical Director. There shall be an identified Neonatal Medical Director (NMD) and/or Transport Medical Director (TMD) as appropriate, responsible for the provision of neonatal care services and credentialed by the facility for the treatment of neonatal patients. | | | Provide copy of position description to include: all aspects 133.185 (d) (1), (2) (A-H). (Please indicate document attachment # below) |

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| (1) The NMD and/or TMD shall have the authority and responsibility to monitor neonatal patient care from admission, stabilization, operative intervention(s) if applicable, through discharge, inclusive of the QAPI Program. | | | |
| (2) The responsibilities and authority of the NMD and/or TMD shall include but are not limited to: | N/A | N/A | |
| (A) examining qualifications of medical staff requesting neonatal privileges and makes recommendations to the appropriate committee for such privileges; | | | |
| (B) assuring staff competency in resuscitation techniques; | | | |
| (C) participating in ongoing staff education and training in the care of the neonatal patient; | | | |
| (D) oversight of the inter-facility neonatal transport; | | | |
| (E) participating in the development, review and assurance of the implementation of the policies, procedures and guidelines of neonatal care in the facility including written criteria for transfer, consultation or higher level of care; | | | |
| (F) regular and active participation in neonatal care at the facility where medical director services are provided; | | | |

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| (G) ensuring that the QAPI Program is specific to neonatal/infant care, is ongoing, data driven and outcome based; and regularly participates in the neonatal QAPI meeting; and | | | |
| (H) maintaining active staff privileges as defined in the facility's medical staff bylaws. | | | |
| (e) Neonatal Program Manager (NPM). The NPM responsible for the provision of neonatal care services shall be identified by the facility and: | | | Provide copy of job description for the position and resume' of NPM to include: 133.185 (e) (1-5). (Please indicate document attachment # below) |
| (1) be a registered nurse: | | | |
| (2) have successfully completed and is current in the Neonatal Resuscitation Program (NRP) or an office-approved equivalent: | | | |
| (3) have the authority and responsibility to monitor the provision of neonatal patient care services from admission, stabilization, operative intervention(s) if applicable, through discharge, inclusive of the QAPI Program as defined in subsection (b)(2)(E) of this section. | | | |
| (4) collaborate with the NMD in areas to include, but not limited to: developing and/or revising policies, procedures and guidelines; assuring staff competency, education, and training; the QAPI Program; and regularly participates in the neonatal QAPI meeting; and | | | |

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| (5) develop collaborative relationships with other NPM(s) of designated facilities within the applicable Perinatal Care Region. | | | |
| 133.186. Neonatal Designation Level I | | | |
| a) Level I (Well Nursery). The Level I neonatal designated facility will: | N/A | N/A | |
| (1) provide care for mothers and their infants generally of ≥ 35 weeks gestational age who have routine, transient perinatal problems; | | | (Described in Program Plan.) |
| (2) have skilled personnel with documented training, competencies and continuing education specific for the patient population served; and | | | See 133.185 (b) (2) (G-H). |
| (3) if an infant < 35 weeks gestational age is retained, the facility shall provide the same level of care that the neonate would receive at a higher level designated neonatal facility and shall, through the QAPI Program complete an in depth critical review of the care provided. | | | Case reviews for all infants retained less than 35 weeks gestational age within most recent 12 months. (Please indicate document attachment # below) |
| (b) Neonatal Medical Director (NMD). The NMD shall be a physician who: | | | Attach current CV/resume' to include 1-4. (Please indicate document attachment # below) |

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| (1) is a currently practicing pediatrician, family medicine physician, or physician specializing in obstetrics and gynecology with experience in the care of neonates/infants; | | | |
| (2) demonstrates a current status on successful completion of the Neonatal Resuscitation Program (NRP); | | | |
| (3) demonstrates effective administrative skills and oversight of the QAPI Program; and | | | |
| (4) has completed continuing medical education annually specific to the care of neonates. | | | |
| (c) Program Functions and Services. | N/A | N/A | |
| (1) Triage and assessment of all patients admitted to the perinatal service with identification of pregnant patients who are at high risk of delivering a neonate that requires a higher level of care who will be transferred to a higher level facility prior to delivery unless the transfer would be unsafe. | | | Covered in 133.185 (b) (2) (C). |
| (2) Supportive and emergency care delivered by appropriately trained personnel for unanticipated maternal – fetal problems that occur during labor and delivery though the disposition of the patient. | | | Covered in 133.185 (b) (2) (H). |

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| (3) The ability to perform an emergency cesarean delivery. | | | Attach policy. (Please indicate document attachment # below) |
| (4) The primary physician, advanced practice nurse and/or physician assistant with special competence in the care of neonates, whose credentials have been reviewed by the NMD and is on call, and: | | | Describe your facility's credentialing process. Including 133.185 (c). (Please indicate document attachment # below) |
| (A) shall demonstrate a current status on successful completion of the American Heart Association/American Academy of Pediatrics for the resuscitation of all infants NRP; | | | Documentation identifying status of NRP certifications of <u>all</u> physicians, physician assistants, and advanced practice nurses providing neonatal care. (Please indicate document attachment # below) |
| (B) has completed continuing education annually, specific to the care of neonates; | | | |
| (C) shall arrive at the patient bedside within 30 minutes of an urgent request; | | | Provide notification and arrival times for all providers from most recent 3 months. (Please indicate document attachment # below) |
| (D) if not immediately available to respond or is covering more than one facility, be provided appropriate backup coverage who shall be available, documented in an on call schedule and readily available to facility staff; and | | | Copies of most recent 3 months of on-call schedules. (Please indicate document attachment # below) |
| (E) if the physician, advanced practice nurse and/or physician assistant is providing backup coverage, shall arrive at the patient bedside within 30 minutes of an urgent request. | | | |

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| (5) Availability of appropriate anesthesia, laboratory, radiology, ultrasonography and blood bank services on a 24 hour basis as described in §133.41(a), (h), and (s) of this title, respectively. | | | (Please indicate document attachment # below for optional comments) |
| (A) If preliminary reading of imaging studies pending formal interpretation is performed, the preliminary findings must be documented in the medical record. | | | (Include (A) and (B) in QAPI plan). (Please indicate document attachment # below) |
| (B) There must be regular monitoring of the preliminary versus final reading in the QAPI Program. | | | |
| (6) A pharmacist shall be available for consultation on a 24 hour basis. | | | |
| (A) If medication compounding is done by a pharmacy technician for neonates/infants, a pharmacist will provide immediate supervision of the compounding process. | | | Provide policy for compounding neonate medications by pharmacy technician (6) (A-B). (Please indicate document attachment # below) |
| (B) If medication compounding is done for neonates/infants, the pharmacist will develop checks and balances to ensure the accuracy of the final product. | | | |
| (7) Resuscitation. The facility shall have appropriately trained staff, policies and procedures for the stabilization and resuscitation of neonates based on current standards of professional practice; shall ensure the availability of personnel who can stabilize distressed neonates including those <35 weeks gestation until they can be transferred to a higher level facility. | | | Attach resuscitation code policy (including A-D). (Please indicate document attachment # below) |

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| (A) Each birth shall be attended by at least one person who demonstrates a current status of successful completion of the NRP whose primary responsibility is for the management of the neonate and initiating resuscitation. | | | Attach policy or guideline for attendance by NRP certified personnel at each delivery. (Please indicate document attachment # below) |
| (B) At least one person must be immediately available on-site with the skills to perform a complete neonatal resuscitation including endotracheal intubation, establishment of vascular access and administration of medications. | | | (Please indicate document attachment # below for optional comments) |
| (C) Additional providers with current status of successful completion of the NRP shall be on-site and immediately available upon request; | | | (Please indicate document attachment # below for optional comments) |
| (D) Basic NRP equipment and supplies shall be immediately available for trained staff to perform resuscitation and stabilization on any neonate/infant. | | | |
| (8) Perinatal Education. A registered nurse with experience in neonatal and/or perinatal care shall provide supervision and coordination of staff education. | | | Identify educator and credentials. (Please indicate document attachment # below) |
| (9) Ensures the availability of support personnel with knowledge and skills in breastfeeding to meet the needs of new mothers. | | | Identify resources. (Please indicate document attachment # below) |
| (10) Social services and pastoral care shall be provided as appropriate to meet the needs of the patient population served. | | | Attach policy for social services and pastoral care. (Please indicate document attachment # below) |